Fill in this information to identify your case:								
Debtor 1	Atiba A Jordan							
Debtor 2 (Spouse, if filing)								
United States E	Bankruptcy Court for the: Eastern District of Pennsylvania							
Case number (if known)	19-16658							

Check	Check as directed in lines 17 and 21:								
According to the calculations required by this Statement:									
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								
	☐ Check if this is an amended filing								

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

additional pages, write your name and case number (if known). Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both

spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

			Column A Debtor 1	Debt	mn B tor 2 or filing spouse
Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and commissi	ons (before all \$	6,242.19	\$	2,846.94
 Alimony and maintenance payments. Do not include Column B is filled in. 	payments from	a spouse if \$	0.00	\$	0.00
4. All amounts from any source which are regularly part of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Do not include payments from a spous you listed on line 3.	. Include regula d, your depende	r contributions ents, parents,	0.00	\$	0.00
5. Net income from operating a business, profession, or farm	Debtor 1				
Gross receipts (before all deductions)	\$0.00	_			
Ordinary and necessary operating expenses	-\$ 0.00	_			
Net monthly income from a business, profession, or fare	m \$ 0.00	Copy here -> \$	0.00	\$	0.00
6. Net income from rental and other real property	Debtor 1				
Gross receipts (before all deductions)	\$0.00	_			
Ordinary and necessary operating expenses	-\$ 0.00	_			
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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Do no the So For For Pensi benef not inc United disabi pay pay does if retir 10. Incon Do no	est, dividends, and royalties aployment compensation It enter the amount if you contend that the amount is security Act. Instead, list it here: I you I your spouse On or retirement income. Do not include any a set under the Social Security Act. Also, except as clude any compensation, pension, pay, annuity, and States Government in connection with a disability, or death of a member of the uniformed service and under chapter 61 of title 10, then include that anot exceed the amount of retired pay to which you ded under any provision of title 10 other than chapter form all other sources not listed above. Spet include any benefits received under the Social ded as a victim of a war crime, a crime against he stic terrorism; or compensation, pension, pay, and States Government in connection with a disability.	\$ 0. Immount received that wa stated in the next sente or allowance paid by the lility, combat-related injurices. If you received an to pay only to the extent ou would otherwise be expeted 1 of that title. Decify the source and all Security Act; payments umanity, or international nnuity, or allowance paility, combat-related injurices.	as a ence, do ne ury or retired that it entitled mount. s all or id by the	\$		\$	or	
Do no the So For For Pensi benef not inc United disabi pay pay does if retir 10. Incon Do no	tenter the amount if you contend that the amount it enter the amount if you contend that the amount it enter the amount if you contend that the amount it is security. Act. Instead, list it here: you your spouse on or retirement income. Do not include any a sit under the Social Security Act. Also, except as clude any compensation, pension, pay, annuity, it states Government in connection with a disability, or death of a member of the uniformed service in the include that the include that is the include any provision of title 10 other than change from all other sources not listed above. Spot include any benefits received under the Social and a victim of a war crime, a crime against hustic terrorism; or compensation, pension, pay, and States Government in connection with a disability.	\$ 0. Immount received that wa stated in the next sente or allowance paid by the lility, combat-related injurices. If you received an to pay only to the extent ou would otherwise be expeted 1 of that title. Decify the source and all Security Act; payments umanity, or international nnuity, or allowance paility, combat-related injurices.	as a ence, do ne ury or retired that it entitled mount. s all or id by the	\$\$	0.00	5 \$	0.00	
Do not the So For For So. Pensite benefing the disabiting pay pays the following the following points of the following points	to tenter the amount if you contend that the amount orial Security Act. Instead, list it here: you your spouse for or retirement income. Do not include any a sit under the Social Security Act. Also, except as clude any compensation, pension, pay, annuity, at States Government in connection with a disability, or death of a member of the uniformed service and under chapter 61 of title 10, then include that not exceed the amount of retired pay to which your dedunder any provision of title 10 other than chapter form all other sources not listed above. Spatic tinclude any benefits received under the Social ed as a victim of a war crime, a crime against hustic terrorism; or compensation, pension, pay, and States Government in connection with a disability.	\$ 0. Immount received that wa stated in the next sente or allowance paid by the lility, combat-related injurices. If you received an to pay only to the extent ou would otherwise be expeted 1 of that title. Decify the source and all Security Act; payments umanity, or international nnuity, or allowance paility, combat-related injurices.	as a ence, do ne ury or retired that it entitled mount. s all or id by the	\$				
the So For For Pensi benef not in: United disabi pay p: does if retir 0. Incon	orial Security Act. Instead, list it here: you your spouse on or retirement income. Do not include any a it under the Social Security Act. Also, except as clude any compensation, pension, pay, annuity, d States Government in connection with a disabi lity, or death of a member of the uniformed servi aid under chapter 61 of title 10, then include that not exceed the amount of retired pay to which yo ed under any provision of title 10 other than chap the from all other sources not listed above. Sp t include any benefits received under the Social ed as a victim of a war crime, a crime against hu stic terrorism; or compensation, pension, pay, and States Government in connection with a disabi	\$ 0. Immount received that wa stated in the next sente or allowance paid by the lility, combat-related injurices. If you received an to pay only to the extent ou would otherwise be expeted 1 of that title. Decify the source and all Security Act; payments umanity, or international nnuity, or allowance paility, combat-related injurices.	as a ence, do ne ury or retired that it entitled mount. s all or id by the	\$			0.00	
Pensibenef not incurred disability pay pendoes if retir o. Incon Do no	on or retirement income. Do not include any a it under the Social Security Act. Also, except as clude any compensation, pension, pay, annuity, d States Government in connection with a disability, or death of a member of the uniformed serviaid under chapter 61 of title 10, then include that not exceed the amount of retired pay to which you ded under any provision of title 10 other than chapter form all other sources not listed above. Spet include any benefits received under the Social red as a victim of a war crime, a crime against hustic terrorism; or compensation, pension, pay, and States Government in connection with a disability and the social red as Sovernment in connection with a disability of the Social Red States Government in connection with a disability of the Social Red States Government in connection with a disability of the Social Red States Government in connection with a disability of the Social Red States Government in connection with a disability of the Social Red States Government in connection with a disability of the Social Red States Government in connection with a disability of the Social Red So	amount received that was stated in the next sente or allowance paid by the lility, combat-related injurices. If you received and to pay only to the extent ou would otherwise be expected of that title. Decify the source and all Security Act; payments umanity, or international nnuity, or allowance paility, combat-related injurial stated in part of the next of the security Act; payments umanity, or allowance paility, combat-related injurial stated in part of the next of th	as a ence, do ne ury or etired that it entitled mount. s all or id by the	\$	0.00	<u>0</u> \$	0.00	
For pension benefing the foliation of th	on or retirement income. Do not include any a it under the Social Security Act. Also, except as clude any compensation, pension, pay, annuity, d States Government in connection with a disability, or death of a member of the uniformed serviaid under chapter 61 of title 10, then include that not exceed the amount of retired pay to which you ded under any provision of title 10 other than chapter form all other sources not listed above. Spet include any benefits received under the Social red as a victim of a war crime, a crime against hustic terrorism; or compensation, pension, pay, and States Government in connection with a disability and the social red as Sovernment in connection with a disability of the Social Red States Government in connection with a disability of the Social Red States Government in connection with a disability of the Social Red States Government in connection with a disability of the Social Red States Government in connection with a disability of the Social Red States Government in connection with a disability of the Social Red States Government in connection with a disability of the Social Red So	amount received that was stated in the next sente or allowance paid by the lility, combat-related injurices. If you received and to pay only to the extent ou would otherwise be expected of that title. Decify the source and all Security Act; payments umanity, or international nnuity, or allowance paility, combat-related injurial stated in part of the next of the security Act; payments umanity, or allowance paility, combat-related injurial stated in part of the next of th	as a ence, do ne ury or retired that it entitled mount. s all or id by the	\$	0.00	0 \$	0.00	
benefinot ind United disability pay pay does in if retir 0. Incom	on or retirement income. Do not include any a it under the Social Security Act. Also, except as clude any compensation, pension, pay, annuity, d States Government in connection with a disability, or death of a member of the uniformed service and under chapter 61 of title 10, then include that not exceed the amount of retired pay to which you ed under any provision of title 10 other than chapter form all other sources not listed above. Special time to any benefits received under the Social ed as a victim of a war crime, a crime against hustic terrorism; or compensation, pension, pay, and States Government in connection with a disability.	amount received that wa stated in the next sente or allowance paid by the ility, combat-related inju- ices. If you received an t pay only to the extent ou would otherwise be of peter 61 of that title. pecify the source and an I Security Act; payments umanity, or international nnuity, or allowance paility, combat-related inju-	ence, do ne ury or ny retired that it entitled mount. s al or id by the	\$	0.00	<u> </u>	0.00	
Do no	t include any benefits received under the Social red as a victim of a war crime, a crime against hu stic terrorism; or compensation, pension, pay, ar d States Government in connection with a disabi	Security Act; payments umanity, or internationa nnuity, or allowance pai ility, combat-related inju	s al or id by the					
dome United disabi	lity, or death of a member of the uniformed servi es on a separate page and put the total below.	ices. If necessary, list o						
				\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	o \$	0.00	
	late your total average monthly income. Add column. Then add the total for Column A to the t		\$	6,242.19	+ \$	2,846.94	= \$	9,089.13
art 2:	Determine How to Measure Your Deduction	s from Income					mo	onthly income
3. Calcu	your total average monthly income from line late the marital adjustment. Check one:	11.					\$	9,089.13
_	ou are married and your spouse is filing with yo	ou. Fill in 0 below						
	ou are married and your spouse is not filing with							
F	Fill in the amount of the income listed in line 11, dependents, such as payment of the spouse's ta	Column B, that was NC	OT regula	arly paid fo	r the hous	sehold expense than you or yo	es of you o	r your lents.
E	Below, specify the basis for excluding this income adjustments on a separate page.							
I	f this adjustment does not apply, enter 0 below.							
			- \$					
			_ \$					
			_ +\$					
	Total		\$	0	0.00	Copy here=>		0.00
4. You	r current monthly income. Subtract line 13 fro	om line 12.					\$	9,089.13

15a. Copy line 14 here=>

9,089.13

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Debtor 1	Atiba A Jordan	Case number (if known)	19-16658	
	Multiply line 15a by 12 (the number of months in a year).		x 12	
15	o. The result is your current monthly income for the year for this pa	rt of the form.	\$109,069	9.56

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Atiba A Jordan Debtor 1 Case number (if known) 19-16658 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. PΑ 16b. Fill in the number of people in your household. 4 16c. Fill in the median family income for your state and size of household. 100.078.00 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. \$ 9,089.13 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 9,089.13 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 9,089.13 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 \$ 109,069.56 20b. The result is your current monthly income for the year for this part of the form 100,078.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment* period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Atiba A Jordan Atiba A Jordan Signature of Debtor 1 Date November 25, 2019 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Fill in	this information to identify your case				
Debto	r 1 Atiba A Jordan				
Debto	r 2 se, if filing)				
United	States Bankruptcy Court for the: Easte	rn District of Pennsylvania			
Case (if knc	number <u>19-16658</u> wn)		☐ Check if t	his is an amended filing	3
	n Form 122C-2 Opter 13 Calculation of	Your Disposable Ir	ncome		04/19
	out this form, you will need your comp nitment Period (Official Form 122C-1).	eted copy of <i>Chapter 13 Stateme</i>	nt of Your Current Monthly Inc	ome and Calculation of	
space	complete and accurate as possible. If t is needed, attach a separate sheet to t onal pages, write your name and case r	his form, Include the line number			
Part 1	: Calculate Your Deductions from	Your Income			
the	e Internal Revenue Service (IRS) issues questions in lines 6-15. To find the IRS prmation may also be available at the b	standards, go online using the li			
exp	duct the expense amounts set out in lines enses if they are higher than the standard CC-1, and do not deduct any amounts that	ls. Do not include any operating exp	enses that you subtracted from in	ncome in lines 5 and 6 of F	
If y	our expenses differ from month to month,	enter the average expense.			
Not	e: Line numbers 1-4 are not used in this f	orm. These numbers apply to inform	nation required by a similar form u	ised in chapter 7 cases.	
5.	The number of people used in determ	nining your deductions from incom	me		
	Fill in the number of people who could be plus the number of any additional deper the number of people in your household	dents whom you support. This num		4	
Nat	tional Standards You must use	the IRS National Standards to answ	er the questions in lines 6-7.		
6.	Food, clothing, and other items: Usin Standards, fill in the dollar amount for fo		in line 5 and the IRS National	\$1,7	786.00
7.	Out-of-pocket health care allowance: the dollar amount for out-of-pocket heal people who are 65 or olderbecause old higher than this IRS amount, you may d	th care. The number of people is spl der people have a higher IRS allowa	it into two categoriespeople who nnce for health car costs. If your a	are under 65 and	

Atiba A Jordan 19-16658 Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b. 220.00 Copy here=> 220.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 220.00 Copy total here= 220.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 711.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,483.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Fayfinancial** 3,164.00 \$ Сору Repeat this amount 3,164.00 3,164.00 9b. Total average monthly payment \$ here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=>

Official Form 122C-2

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

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19-16658

Case number (if known)

Atiba A Jordan 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. □ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 237.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment -NONE-\$ Repeat this Copy amount on **Total Average Monthly Payment** 0.00 0.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment \$ Сору Repeat this here amount on line Total average monthly payment 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Debtor 1

Debtor 1 Atiba A Jordan Case number (if known) 19-16658

Oth	er Necessary Expenses	In addition to the expense defined the following IRS categories		ns listed above,	, you are allowed your monthly expenses	s for	
16.	self-employment taxes, soo your pay for these taxes. H	cial security taxes, and Medic lowever, if you expect to rece com the total monthly amount	are taxe	es. You may inc k refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from ust divide the expected refund by 12 for taxes.	\$	1,214.51
17.	Involuntary deductions: 7 contributions, union dues, a	The total monthly payroll dedu	uctions t	hat your job red	quires, such as retirement		
			o, such a	as voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payr	ments that you make for your or life insurance on your depe	spouse'	's term life insu	e insurance. If two married people are rance. spouse's life insurance, or for any form	\$	0.00
19.	administrative agency, such	The total monthly amount the has spousal or child support n past due obligations for spo	paymer	nts.	by the order of a court or You will list these obligations in line 35.	\$	0.00
20.		hly amount that you pay for e			_		
	as a condition for your jo	ob, or			•		
	for your physically or me	entally challenged dependent	child if	no public educa	ation is available for similar services.	\$	0.00
21.		nly amount that you pay for chor any elementary or seconda		•	sitting, daycare, nursery, and preschool.	\$	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.						
	Payments for health insurance or health savings accounts should be listed only in line 25.						0.00
23.	3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.						150.00
24.	4. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.						4,318.51
Add	itional Expense Deduction	These are additional d					
25.					ses. The monthly expenses for health ly necessary for yourself, your spouse, or	or	
	Health insurance		\$	192.54			
	Disability insurance		\$	0.00			
	Health savings account	+	\$	714.59	٦		
	Total		\$	907.13	Copy total here=>	\$	907.13
	Do you actually spend this No. How much do y						
	Yes		\$				
26.	continue to pay for the reas	sonable and necessary care a	and supp o is una	port of an elder ble to pay for s	e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b)	\$	0.00
27.					nses that you incur to maintain the es Act or other federal laws that apply.		
	By law, the court must keep the nature of these expenses confidential.						

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Debtor 1	Atiba A Jordan		Case number (if kn	own)	19-16	658			
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insural	nce and opera	ting 6	expense	s on			
	If you believe that you have home energy c 8, then fill in the excess amount of home er		costs included i	in ex	penses (on line			
	You must give your case trustee documents amount claimed is reasonable and necessa		st show that th	e ad	ditional		\$_	0.00	
	Education expenses for dependent child \$170.83* per child) that you pay for your de public elementary or secondary school.								
	You must give your case trustee documenta claimed is reasonable and necessary and n		st explain why	the a	amount				
	* Subject to adjustment on 4/01/22, and even	ery 3 years after that for cases begun on or	r after the date	of a	djustmer	nt.	\$_	0.00	
	Additional food and clothing expense. The higher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Standards							
	To find a chart showing the maximum addit instructions for this form. This chart may als			sepai	ate			0.00	
	You must show that the additional amount claimed is reasonable and necessary.								
	. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).								
	Do not include any amount more than 15%	of your gross monthly income.					\$_	0.00	
	Add all of the additional expense deduct Add lines 25 through 31.	ions.					\$	907.13	
Dedi	ictions for Debt Payment								
33. F	or debts that are secured by an interest pans, and other secured debt, fill in lines		ne mortgages	, veh	icle				
Т	o calculate the total average monthly paym reditor in the 60 months after you file for bar	ent, add all amounts that are contractually	due to each se	ecure	ed				
	Mortgages on your home							ge monthly	
33a.	Copy line 9b here						payme		
osa.						.=>	Ψ	3,164.00	
226	Loans on your first two vehicles						Φ.	0.00	
33b.						=>	• —	0.00	
33c.	Copy line 13e here					=>	\$	0.00	
33d.	List other secured debts:								
Name	e of each creditor for other secured debt	Identify property that secures the debt		inclu	s payme ude taxe surance	S			
					No				
	-NONE-				Yes		\$		
					No				
					Yes				
				_	163		\$		
					No				
					Yes	+	\$		
33e	Total average monthly payment. Add lines	33a through 33d	\$	3,16	4.00	Copy total here=	\$	3,164.00	

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Atiba A Jordan 19-16658 Debtor 1 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount $\div 60 = \$$ -NONE-Сору total 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 0.00 ÷ 60 0.00 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total Average monthly administrative expense here=> \$ 3,164.00 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 4,318.51 expense allowances Copy line 32, All of the additional expense deductions 907.13 3,164.00 Copy line 37, All of the deductions for debt payment 8.389.64 8.389.64 Copy total here=> Total deductions.....

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Debtor 1	Aliba	A Jordan			_	Jase nu	imber (if known) 1	9-16658	
Part 2:	Deter	mine Your	Disposable Income Under 11 U	.S.C. § 1325(b)(2)				
			ent monthly income from line 14 urrent Monthly Income and Cald			d		\$	9,089.13
ch dis red	ildren. To sability pa ceived in	he monthly syments for accordance	necessary income you receive average of any child support pay a dependent child, reported in Pa with applicable nonbankruptcy la ded for such child.	ments, foster art I of Form 1:	care payments, or 22C-1, that you	r	\$	0.00	
em in	41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).						\$1,445	5.91	
42. To	tal of all	deduction	s allowed under 11 U.S.C. § 707	7(b)(2)(A). Co	py line 38 here	=>	\$ 8,389	9.64	
ex the	penses a eir expens	nd you hav ses. You m	I circumstances. If special circur e no reasonable alternative, desc ust give your case trustee a detai cumentation for the expenses.	ribe the speci	al circumstances a	and			
Descr	ibe the s	pecial circ	umstances		Amount of ex	pens	е		
					\$				
					\$				
					\$		_		
							`		
				Total \$	0.00		Copy nere=> \$ 	0.00	
								Сору	
44. To	otal adjus	stments. A	dd lines 40 through 43.		=>	\$_	9,835.55	here=> -\$	9,835.55
45. C a	•		nly disposable income under §	1325(b)(2). Տւ	ubtract line 44 fron	n line	39.	\$	-746.42
ha tim yo	ive chang ne your ca ou filed yo	ed or are vase will be our petition,	expenses. If the income in Form irtually certain to change after the open, fill in the information below. check 122C-1 in the first column, when the increase occurred, and	date you filed For example, enter line 2 in	d your bankruptcy if the wages repo the second colum	petition petition prted in properties	on and during the ncreased after		
Form	Li	ine	Reason for change		Date of chang	ge	Increase or decrease?	Amount of change	
☐ 122							☐ Increase	•	
☐ 122 ☐ 122							☐ Decrease ☐ Increase	\$	_
☐ 122 ☐ 122							☐ Increase☐ Decrease	\$	
☐ 122							☐ Increase	•	
☐ 122							Decrease	\$	_
1 22							☐ Increase		_
1 22	2C-2				<u> </u>		☐ Decrease	\$	

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Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Atiba A Jordan
Atiba A Jordan
Signature of Debtor 1

Date November 25, 2019
MM / DD / YYYY

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Debtor 1 Atiba A Jordan Case number (if known) 19-16658

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 04/01/2019 to 09/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: MaBSTOA

Year-to-Date Income:

Starting Year-to-Date Income: \$\frac{\$12,794.79}{\$50,247.91}\$ from check dated \$\frac{3/31/2019}{\$9/30/2019}\$.

Income for six-month period (Ending-Starting): \$37,453.12 .

Average Monthly Income: \$6,242.19.

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Debtor 1 Atiba A Jordan Case number (if known) 19-16658

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **04/01/2019** to **09/30/2019**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: The Guardian

Year-to-Date Income:

Starting Year-to-Date Income: \$\frac{\$10,084.51}{\$cm}\$ from check dated \$\frac{3/31/2019}{\$9/30/2019}\$.

Income for six-month period (Ending-Starting): \$17,081.64.

Average Monthly Income: \$2,846.94.